Under the Paperwork Reduc	tion Act of 199!	5 no persons are requ	uired to resp		t and Trad	emark Office, U.S. DEF	01/31/2014. OMB 0651-0032 PARTMENT OF COMMERCE a valid OMB control number
			T			omplete if Know	
			. b	Application Nun		08/955,373	
FEE TR	≀ANS	3MITTA	\L lī	Filing Date	-	October 21, 1997	
			- F	First Named Inv		Soren MOURITSE	N
_				Examiner Name		Ronald B. SCHWA	
Applicant claims small entity status. See 37 CFR 1.27			7 –	Art Unit	_	1644	
TOTAL AMOUNT OF PA	YMENT (\$	620.00	_ ⊢	Attorney Docke	_	BNIT0003-PCT-US	s
METHOD OF PAYMEN	NT (check al	I that apply)					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number _ 50-5338 Deposit Account Name_BN ImmunoTherapeutics,Inc For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Credit any overpayments of fee(s) Credit any overpayments Under 37 (SFR) 1/6 and 1/7: WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization			card mior	mauon snould n	Ot De IIICI	aded on this form. Fix	wide credit card
1. BASIC FILING, SEA	RCH. AND	EXAMINATION I	FEES				
FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (Small Entity \$) Fee (\$)	Fees Paid (\$)
Utility	380	190	620	310	250	125	
Design	250	125	120	60	160	80	
Plant	250	125	380	190	200	100	
Reissue	380	190	620	310	750		
Provisional	250	125	0	0	0	0	
120						Small Entity Fee (\$) 30 125 225	
Total Claims					Multiple Der	pendent Claims	
- 20 or HP = HP = highest number of tot Indep. Claims - 3 or HP = HP = highest number of ind	al claims paid fo Extra Clair	ms <u>Fee (\$)</u> x		aid (\$)		<u>Fee (\$)</u>	Fee Paid (\$)
3. APPLICATION SIZE If the specification an listings under 37 (sheets or fraction 1 Total Sheets 100 =	FEE d drawings of DFR 1.52(e) thereof. See Extra She	exceed 100 sheet), the application : 35 U.S.C. 41(a)	s of pape size fee (1)(G) an	due is \$310 (\$	155 for 16(s). or fractio	small entity) for on n thereof Fee (each additional 50
4. OTHER FEE(S) Non-English Specif	fication, \$	130 fee (no small	entity di	scount)			Fees Paid (\$)

Other (e.g., late filing surcharge): Notice of Appeal								
SUBMITTED BY								
Signature	/David C. Hoffman/	Registration No. (Attorney/Agent) 59,821	Telephone (650) 681-4780					
Name (Print/Type	David C. Hoffman		Date March 15, 2012					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPFO to process) an application. Confidentially is governed by \$5 U.S.C. 122 and \$7 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPFO. Time will vary depending upon the individual case. Any common the amount of the you require to complete this form and/or suggestions for evidual pits bruther, should be seen the to the file information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.